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Information Releases:

2 Medicaid Information Release 2007-15 From the Idaho Department of Health and Welfare, Division of Medicaid

July 2007

Linking Your Idaho Medicaid Provider Number to Your NPI

Follow these Do and Don't tips when linking your Idaho Medicaid provider number to your National Provider Identifier (NPI). How you link your Idaho Medicaid provider number to your NPI directly effects how your claims are processed.

Do:

- **Link** the individual Idaho Medicaid provider number with the individual NPI that replaces it.
 - Example: John Smith, M.D. links his individual Idaho Medicaid provider number to his individual NPI.
- Link the group or facility Idaho Medicaid provider number to the organization NPI that replaces it.
 - Example: Quick Med Clinic links its group Idaho Medicaid provider number to their Quick Med Clinic organization NPI.
- **Update** the zip code for each service location to reflect the correct 9-digit zip code. This will directly effect how your claims are processed.
- **Use** the 'Choose Another Existing NPI' button at the bottom of the linking screen to link a new Idaho Medicaid provider number to an NPI.

Don't:

- Link an individual Idaho Medicaid provider number to an organization NPI.
 Example: John Smith, M.D.'s individual Idaho Medicaid provider number should not be linked to the Quick Med Clinic's organization NPI.
- Link a group Idaho Medicaid provider number to an individual NPI.
 Example: The Quick Med Clinic group Idaho Medicaid provider number should not link to John Smith, M.D.'s individual NPI.
- **Use** the 'Link Another Medicaid Provider ID' button at the bottom of the linking screen to link a new Idaho Medicaid provider number to an NPI.

The most straightforward way to do business with Idaho Medicaid is to obtain an NPI for each provider number. If you link one NPI to more than one (1) provider number you must submit the appropriate taxonomy code and 9-digit zip code on your electronic claim.

Medicaid Information Release MA07-15

TO: All Personal Care Service (PCS) Providers and School Districts

Providing Medicaid Services

FROM: Leslie M. Clement, Administrator

SUBJECT: New PCS Payment Rates Effective July 1, 2007

Effective July 1, 2007, Medicaid will make some changes to its reimbursement rates for Personal Assistance Services (personal care and attendant services). As required by Idaho Code and IDAPA 16.03.10.307, the Department conducted a salary survey to calculate the new rates. The maximum allowable amounts are based on wages and salaries paid for comparable positions within nursing facilities and intermediate care facilities for the mentally retarded (ICF/MRs).

The new rates are listed below, by procedure code:

SUPERVISORY RN CODES:

G9002	Coordinated Care Fee – Maintenance Rate (Agency)	\$75.15 /Visit
G9001	Coordinated Care Fee – Initial (School)	\$75.15 /Plan
T1001	Nursing Assessment/Evaluation (Agency)	\$36.62 /Visit
T1001	Nursing Assessment/Evaluation (School)	\$36.62 /Visit

Services provided on or before June 30, 2007 must be billed separately from services provided on or after July 1, 2007. There may be an error in your payment if you do not use separate claim forms.

SUPERVISORY QMRP CODES:

G9001	Coordinated Care Fee – Initial (Agency)	\$93.40 /Visit
H2020	Therapeutic Behavioral Services (Agency)	\$31.13 /Day

PERSONAL ASSISTANCE SERVICE PROVIDER CODES:

Agency Providers

T1019	Personal Care	\$3.77 /15 Minute unit
T1004	Services of a Qualified Nursing Aide	\$3.77 /15 Minute unit
S5145 U3	Foster Care, Therapeutic – Child	\$78.73 /Day

S5145 U3 HQ Foster Care, Therapeutic – Group \$67.63 /Day per participant

Independent Provider's Home (no withholding)

S5145	Foster Care, Therapeutic – Child	\$75.26 /Day
S5145 HQ ¹	Foster Care, Therapeutic – Group	\$55.27 /Day per participant

HOME AND COMMUNITY BASED SERVICES:

S5125 U2 ¹	Attendant Care Services	\$3.77 /15 Minute unit
T1001 U2 ¹	Nursing Assessment/Evaluation (Agency)	\$36.62 /Visit

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T1001 U2 ¹	Nursing Assessment/Evaluation (Agency)	\$36.62 /Visit

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DHW Phone Numbers Addresses

Web Sites

DHW Websites www.healthandwelfare.idaho .gov

Idaho Careline 2-1-1(available throughout Idaho) (800) 926-2588 (toll free)

Medicaid Fraud and **Program Integrity Unit** P.O. Box 83720 Boise, ID 83720-0036 Fax (208) 334-2026

Fmail: prvfraud@dhw.idaho.gov

Healthy Connections Regional Health Resources Coordinators

Region I - Coeur d'Alene (208) 666-6766 (800) 299-6766

(208) 799-5088 (800) 799-5088 Region III - Caldwell (208) 455-7244 (800) 494-4133 Region IV - Boise (208) 334-0717 or

Region II - Lewiston

(800) 354-2574 Region V - Twin Falls (208) 736-4793 (800) 897-4929

(208) 334-0718

Region VI - Pocatello (208) 239-6270 (800) 284-7857

Region VII - Idaho Falls (208) 528-5786 (800) 919-9945

In Spanish (en Español) (800) 378-3385 (toll free) Prior Authorization Phone Numbers Addresses Web Sites

Prior Authorizations:

DME Specialist Bureau of Medical Care P.O. Box 83720 Boise, ID 83720-0036 (866) 205-7403 (toll free) Fax (800) 352-6044 (Attn: DME Specialist)

Pharmacy P.O. Box 83720 Boise, ID 83720-0036 (866) 827-9967 (toll free) (208) 364-1829 Fax (208) 364-1864

Qualis Health (Telephonic & Retrospective Reviews) 10700 Meridian Ave. N. Suite 100 Seattle, WA 98133-9075 (800) 783-9207 Fax (800) 826-3836 or (206) 368-2765

Qualis Health Website www.qualishealth.org/ idahomedicaid.htm

Transportation Prior Authorization:

Developmental Disability and Mental Health (800) 296-0509, #1172 (208) 287-1172

Other Non-emergent and Out-of-State

(800) 296-0509, #1173 (208) 287-1173

Fax

(800) 296-0513 (208) 334-4979

Ambulance Review

(800) 362-7648 (208) 287-1155

Fax

(800) 359-2236 (208) 334-5242

Insurance Verification:

HMS P.O. Box 2894 Boise, ID 83701 (800) 873-5875 (208) 375-1132 Fax (208) 375-1134 Continued from Page 2 (IR MA07-15)

OTHER:

S5140-U2 Adult Residential Care

** For Certified Family Homes and Residential and Assisted Living Facilities that bill this code, you will receive a letter notifying you of the new rate for each participant. If you do not receive a letter for a participant living in your facility, please notify your local Regional Medicaid Services unit. Approval of service by the Regional Medicaid Services unit is still required prior to delivery of service.

If you have questions about this process, please contact your Regional Medicaid Services office. Thank you for your participation in the Idaho Medicaid Program.

IDAHO MEDICAID PROVIDER HANDBOOK:

This information release does not replace information in your Idaho Medicaid Provider Handbook.

LMC/ea

¹Procedure code modifier

Change in Participant Contribution Rate: 2007

As a result of the new rate increase for Personal Care Services, effective July 1, 2007, the monthly participant contribution reimbursement rate will increase from \$229.12 per month to \$241.28 per month for Medicaid participant's who are required to contribute to the cost of their care.

Services provided on or before June 30, 2007 must be billed separately from the services provided on or after July 1, 2007. There may be an error in your payment if you do not use separate claim forms.

Providers may not bill the participant for participant contribution for the month until the contribution is withheld and the amount is displayed on the weekly remittance advice report. For additional questions regarding participant contribution contact EDS at (800) 685-3757 or locally in the Boise calling area at 383-4310 or contact your regional PRC.

ATTENTION HOSPICE PROVIDERS: Clarification for Billing Hospice Claims with Participant Liability

It has come to the Department's attention that some hospice claims are being submitted without participant liability amounts, resulting in overpayment to the hospice agency.

Please use the following process when billing for hospice participants who reside in a long-term care facility (nursing home or intermediate care facility for mentally retarded (ICF/MR)).

Medicaid will notify participants when they must pay a contribution, or participant liability amount, toward the cost of their hospice care. Check with the participant or responsible person to determine whether the participant has a contribution.

When hospice bills Medicaid, the value code 31 and amount of participant liability must be indicated on the hospice paper or electronic claim form in the Value codes 'code and amount' fields of the UB-92 and UB-04 claim forms.

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Continued from Page 3 (Clarification for Billing Hospice Claims with Participant Liability)

Providers who have been paid for claims billed electronically, without the correct value code **31** and liability amount, must either submit a paper adjustment request form or an electronic 837 institutional void and replace transaction. If the original claim was billed on paper; a paper adjustment request form must be completed.

To perform an electronic void and replace transaction, providers must submit a type of bill ending with the number 7 and include the ICN of the original claim to be voided. The provider number, participant ID, and ICN must match what was sent on the original claim for an electronic void and replace to be successful. For additional assistance in submitting electronic void and replace transactions please contact your regional PRC.

Note: This information will be added to the next version of your Hospice Provider Handbook.

Timely Filing Requirements: Clarification for Retroactive Eligibility

The timely filing of Medicaid claims is guided by one basic rule: bill all claims within one (1) year of the date of service. The only exception to this requirement is for Medicare crossover paid claims. If a claim for payment under Medicare has been filed in a timely manner, Medicaid will consider claims for payment within six (6) months of the date of payment or date of the Explanation of Benefits (EOB).

This is in keeping with clarification by the Center for Medicare & Medicaid Services (CMS) of Federal Regulation 42 CFR 447.45(d)(1). This regulation states that Medicaid agencies must require providers to submit all claims no later than twelve (12) months from the date of service. As a result of this clarification, the Idaho Medicaid Program clarified its guidelines regarding timely filing for claims received on or after January 15, 2005.

Except for Medicare crossover paid claims, all claims must be submitted within twelve (12) months of the date of service, including when the participant receives retroactive eligibility.

It is suggested that providers bill Medicaid for a participant who is not currently Medicaid eligible, but has applied for, or may possibly apply for Medicaid benefits. These claims can be billed using the participant's Social Security Number (SSN). Medicaid will deny the claim because the participant does not have an active eligibility status, but the provider will have established their placeholder for timeliness. The provider may then resubmit the claim to receive payment for covered services after the participant is accepted into the Medicaid Program.

When resubmitting a claim, the internal control number (ICN) of the original claim must be documented in the comments field on all electronic or paper resubmissions in order to prove the timeliness requirement has been met. If the ICN of the original claim is not on the resubmitted claim, the claim will be denied, even if it was originally billed timely.

Reminder: Providers who fail to bill timely and have their claims denied for this reason cannot pursue collection actions against the participant.

Details about timely filing requirements were published in previous MedicAide newsletters. To see the complete text of Information Release MA04-59, see the January, February or March 2005 MedicAide newsletter. The information release and newsletters are available at www.healthandwelfare.idaho.gov. Follow the links to Medicaid Provider Information and choose either Information Releases or Newsletters.

EDS Phone Numbers
Addresses

MAVIS (800) 685-3757 (208) 383-4310

EDS
Correspondence
P.O. Box 23
Boise, ID 83707
Provider Enrollment
P.O. Box 23
Boise, Idaho 83707
Medicaid Claims
P.O. Box 23
Boise, ID 83707
PCS & ResHab Claims
P.O. Box 83755
Boise, ID 83707

EDS Fax Numbers Provider Enrollment (208) 395-2198 Provider Services (208) 395-2072

Participant Assistance Line Toll free: (888) 239-8463

EDS Phone Numbers

Addresses

Provider Relations Consultants

Region 1 Prudie Teal 1120 Ironwood Dr., # 102 Coeur d'Alene, ID 83814

prudie.teal@eds.com (208) 666-6859 (866) 899-2512 (toll free) Fax (208) 666-6856

Region 2 JoAnn Woodland 1118 F Street P.O. Drawer B Lewiston, ID 83501

joann.woodland@eds.com (208) 799-4350 Fax (208) 799-5167

Region 3 Mary Jeffries 3402 Franklin Caldwell, ID 83605

mary.jeffries@eds.com (208) 455-7162 Fax (208) 454-7625

Region 4
Jane Trent
1720 Westgate Drive, # A
Boise, ID 83704

jane.trent@eds.com (208) 334-0842 Fax (208) 334-0953

Region 5 Penny Schell 601 Poleline, Suite 3 Twin Falls, ID 83303

penny.schell@eds.com (208) 736-2143 Fax (208) 678-1263

Region 6 Janice Curtis 1070 Hiline Road Pocatello, ID 83201

janice.curtis@eds.com (208) 239-6268 Fax (208) 239-6269

Region 7 Ellen Kiester 150 Shoup Avenue Idaho Falls, ID 83402

ellen.kiester@eds.com (208) 528-5728 Fax (208) 528-5756

Important Notice – Paper Claim Forms

Effective October 1, 2007, Idaho Medicaid will no longer accept the "old" (12-90) version of the CMS-1500 claim form. All claims submitted on the old version and received by Idaho Medicaid on or after October 1, 2007, will not be processed for payment consideration. Idaho Medicaid will be announcing in the near future when the new UB-04 claim form will be accepted for claims processing.

Note: The Idaho Medicaid provider number will continue to be required on all paper claim forms.

Billing instructions for the new CMS-1500 claim form that are specific to Idaho Medicaid claim submissions have been developed and are posted on the Health and Welfare website under Medicaid Providers at:

http://www.healthandwelfare.idaho.gov/site/3348/default.aspx

Notification will be sent when the instructions for the new UB-04 are available on the website.

NPI Computer Workshops – July 2007

Want to learn more about National Provider Identifiers (NPIs)? Regional Provider Relations Consultants (PRCs) are conducting a series of provider workshops during the coming months. Workshops will be held in computer training rooms in each region. The PRC will be on hand to help providers register their NPI(s) using the Idaho Medicaid NPI Registration Web tool. NPI registration should take about 30 minutes. Since space is limited, it is important that you call your regional consultant to schedule an appointment.

You do not have to attend a provider workshop to register your NPI with Idaho Medicaid. Online Web registration is available from any computer that connects to the World Wide Web.

Regional Training Hot Topic – July 2007

Want to learn more about National Provider Identifiers (NPIs)? In addition to the NPI Registration workshops mentioned above, Provider Relations Consultants (PRCs) will continue to conduct monthly training sessions in their region. For the next several months, the sessions are designed to provide information about the hot topics facing Idaho Medicaid providers today. Hot topics for July include:

- NPI the most current information available
- · How to Register your NPI with Idaho Medicaid
- NPI Registration Workshop Schedules
- CMS 1500 (08/05)
- Billing issues.

The next training session is scheduled for Tuesday, July 10, 2007, from 2 to 4 pm, except Region 4, which is from 10 to 12 pm. These training sessions are provided at no cost to providers, but space is limited so please pre-register with your local consultant.

Attention Dental Providers

At this time, Idaho Medicaid cannot process claims submitted on the 2003 and 2006 American Dental Association (ADA) paper claim forms, because they do not contain all the required fields needed for processing. When submitting paper claims, please use the 1999 (2000) ADA claim form for faster processing. Idaho Medicaid will accept claims submitted on ADA dental claim forms older than the ADA 1999 (2000), but please be aware that claims submitted on older ADA claim forms will require a longer period to process.

Additional Information on Opening the Provider Handbook on the New CD-ROM

Providers were mailed the new Idaho Medicaid Provider CD at the end of May 2007. There was an issue discovered when providers attempted to access the Provider Handbooks link on the new provider CD. Listed below are instructions on how to access the provider handbooks on the CD ROM. Provider handbooks can also be accessed from the DHW website at http://www.healthandwelfare.idaho.gov/site/3438/default.aspx.

For assistance with the Provider CD please contact EDS at (800) 685-3757 or in the Boise calling area 383-4310 or contact your regional PRC.

Instructions on How to Navigate to the Provider Handbook on the CD ROM

- Open the CD ROM drive.
- 2. Place the CD ROM into the CD drive.
- 3. Close the CD ROM drive.

Note: This will auto start the CD ROM which will populate the Provider CD Menu.

- 4. Select close the menu.
- 5. Right click the Start button.
- 6. Left click Explore.
- 7. Double click on the filename 'PCD MAY2007d'.
- 8. Double click on the folder 'Provider Handbook'.
- Double click on the corresponding file within the Explorer window.

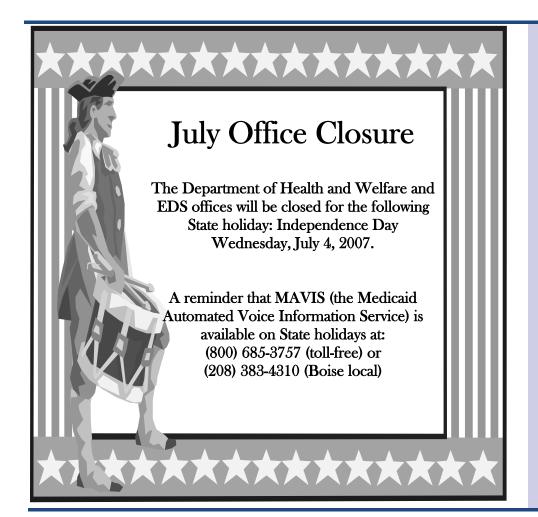


MENU OPTION ON CD-ROM	CORRESPONDING FILE NAME ON CD-ROM	
Letter From the Administrator		
Letter From the Administrator	s1_letter.pdf	
Directory		
Idaho Medicaid Directory	s1_directory.pdf	
Section 1: General Provider & Participant Information		
General Provider & Participant Information	s1_general.pdf	
Section 2: General Billing Information		
General Billing Information	s2_gen_billing.pdf	

Section 3: Provider Guidelines (A-K)			
Aged & Disabled Waiver	s3_015_aged_disabled.pdf		
Ambulatory Surgical Center	s3_022_asc.pdf		
Audiology Services	s3_024_audiology.pdf		
Clinic	s3_002_clinic.pdf		
Dental	s3_003_dental.pdf		
Durable Medical Equipment	s3_014_dme.pdf		
Essential Care	s3_020_essential_care.pdf		
FQHC	s3_021_fqhc.pdf		
DD/ISSH	s3_019_dd.pdf		
Healing Arts	s3_023_healing_arts.pdf		
Home Health	s3_008_home_health.pdf		
Hospice	s3_012_hospice.pdf		
Hospital	s3_001_hospital.pdf		
Section 3: Provider Guidelines (L-Z)			
Long-Term Care Facility	s3_011_ltc.pdf		
Midlevel Practitioner	s3_016_midlevel.pdf		
Nursing Services	s3_017_nursing.pdf		
Pathology & Laboratory	s3_009_pathology.pdf		
Personal Care	s3_015_pcs.pdf		
Pharmacy	s3_007_pharmacy.pdf		
Physician	s3_004_005_physician.pdf		
Rehabilitative Health Related Services	s3_013_rehab_options.pdf		
Service Coordination	s3_018_service_coordination.pdf		
Transportation	s3_010_transportation.pdf		
Tribal/Indian Health Clinic/638 Clinic	s3_020_indian%20health_care.pdf		
Vision	s3_006_vision.pdf		
Section 4: Remittance Advices			
Professional	s4_ra_prof.pdf		
Institutional	s4_ra_inst.pdf		
Pharmacy	s4_ra_phar.pdf		
Section 5: Glossary	Section 5: Glossary		
Glossary	s5_glossary.pdf		
Appendices			
Appendix A: Healthy Connections	s6a_025_healthy_connections.pdf		
Appendix B: Taxonomy Codes	s6b_taxonomy_codes.pdf		
Appendix C: MAVIS	s6c_MAVIS.pdf		
Appendix D: Forms	s6d_forms.pdf		

EDS P.O. BOX 23 BOISE, IDAHO 83707





MedicAide is the monthly informational newsletter for Idaho Medicaid providers.

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taylorc3@dhw.idaho.gov

or

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